From: Brad Madrid [brad.madrid@pharmsmgmt.com]

Sent: 8/31/2015 8:24:48 PM
To: incechris@hotmail.com
Subject: Dr. Ince Scripts

Attachments: ALVERSON COLTON SILA.pdf; ALVERSON KELLI SILA.pdf; ALVERSON KEVIN DAD SILA.pdf; ALVERSON KEVIN SON

SILA.pdf; DEPUGH DEBRA LIDO.pdf; DEPUGH DEBRA SILA.pdf; LEONARD NICK LIDO.pdf; LEONARD NICK SILA.pdf; WALTON ANDREA LIDO.pdf; WALTON ANDREA SILA.pdf; WALTON JORDAN LIDO.pdf; WALTON JORDAN SILA.pdf;

WALTON ROBERT LIDO.pdf; WALTON ROBERT SILA.pdf; Untitled.pdf

Dr. Ince,

My name is Brad Madrid and I work with Brian Swiencinski. We are now offering products that may be covered by your patient's insurance plan where in the past they may have been denied.

Attached you will find prescriptions for our alternative products that are now covered by these certain patient's insurance plan. If you would like these patients to receive their medication, please sign and date the scripts and fax back to 855-325-3500.

Please let me know if you have any questions.

Thank you,

Brad Madrid
Marketing Associate
o: 713-325-2315 | c: 925-285-0659 | f: 855-388-5588
Pharms LLC | 4916 Main Street, Suite 110 | Houston, TX 77002



GOVERNMENT EXHIBIT 1082 4:18-CR-368

COLTON AL'	VERSON				Carrier:	Insuranc	e inio		
lome Phone		Cell Phone			Bin#		PCN#		
Address					C #				
City		State	e Zip		Group #				
Allergies					Member ID #				
					Workers Com	n	Yes 🔽	No	
iag.						r	L		<u></u>
					DOI		Claim #	ŧ	
AIN-TRANSDERMAL	Any add	ed controlled s	ubstances must	be handwritten.		PAIN-TOPICAL			
☐ NCP-7B:	□ NCP-9:	Ē□GI	PI-2:	🗖 Reme-D		□ Renovo			ıex
Neuropathic &	Neuropathic		eneral Pain /	Topiramate	2.5%	Pain Patch		Topical	
Chronic Pain Flurbiprofen20%	Chronic Pain Baclofen		Eammation Diprofen20	Celecoxib		Menthol Capsaicin			
Baclofen			obenzaprine	2%		·		Menthol	
Cyclobenzaprine 2%	Gabapentin	6 <mark>%</mark> Baclo	ofen	2% Lidocaine		SIG: Apply 1 patch to affected area 1-		Camphor	
Gabapentin 6% Lidocaine2.5%	Lidocaine Diclofenac	3% Add:		Duloxetine		daily as needed.		Histamine SIG: Apply 1-2 s	
Add:	Add:	SIG:	Apply 1-2 pumps to	SIG: Apply 1-2 pr		Qty: 1 30 count		3-4 times p	
SIG: Apply 1-2 pumps to affected area 3-4 times	SIG: Apply 1-2 pumps affected area 3-4		affected area 3-4 times daily; 1 pump =			1 60 count		PRN pain	-Cr udy
daily; 1 pump = 1.5 gm	daily; 1 pump = 1		1.5 gm	Qty: 1 300 gm		Đ	_	Qty: 240 gm	
Qty: 🛅 300 gm 🛅	Qty: 📆 300 gm 🛍 _	Qty:	1 300 gm 1	Refills: 03 0 6 0		Refills: □ 3 □ 6 □ 12			
Refills: 1 3 1 6 1 12	Refills: 🖽 🖫 6 🖫 12	Refill	ls: 00 8 0 6 0 12					Refills: 03 0 6 0	12
RMATOLOGICAL		so	CAR			SPECIALTY			
DERM-2:	DERM-7:	£	Dermacin Rx	🗖 Scar (tra		☐ MGL-1A:		SCALP CA	ARE -
Topical Anti	~ = =		SilaPak		1%	Migraine		3 Hair So	lution
Fungal Cream	Diclofenac		(scar topical)	Pentoxifylline	22% 2 0.5%	Topiramate			
Fluticasone1%	Baclofen	276	Triamcinolone Acetor Cream USP, 80 gm	nide f far mainful		Baclofen			
Fluconazole	Fluticasone	L	Daniel Dividia Dan	:- Prilocaine	3%	Cyclobenzaprine .		Minoxidil 5%	
Pentoxifylline 0.5% Lidocaine 2%	Lidocaine		Complex (Dimethio Silicone Tape	cone) 5% Gabapentin .	15%	Lidocaine Flurbiprofen			
Hydroxyzine2%	Verapamil Hydrochloride		SIG: Apply to the affer		cid 0.2%	Apomorphine		☐ For women (No Finaster	
SIG: Apply 1-2 pumps to	Add:	1076	area as a thin film times daily. May	n 2-3 Vitamin D3	0.05%	SIG: Apply 1-2 pun	nps to	SIG: Apply up	
affected area 3-4 times daily; 1 pump =	SIG: Apply 1-2 pumps	to	silicone tape on t	the Estradiol	5% 0.1%	affected area	3-4 times	scalp 2 ti	mes a da
1.5 gm	affected area 3-4		cream in absence broken skin. Clea	on and Sid. Apply 1-		daily; 1 pump	= 1.5 gm	Qty: 1 120 m	ıl
Qty: ■ 300 gm	daily; 1 pump = 1 Qty: 1 300 gm 1 _	-	apply new tape e 24 hours.		area 3-4 times oump = 1.5 gm	Qty: 1 300 gm		0	
0 Refills: 0 3 0 6 0 12	Refills: 0 3 0 6 0 12		Qty: 1 pack	Qty: 1 300 g	m ti	Refills: 0 3 0 6 012		Refills: □3 □ 6	1 2 _
Refills: U 3 U 6 U 12	Kellis. 4 3 4 0 4 12		Refills: 0306012 _	Refills: 03 06	. 112	Refills: U3 U 6 U12			
NERAL WELLNESS		META	DOLLO CLIDDI EN						
WELLINESS			BOLIC SUPPLEM	ENTS		BONE HEA			
D Super-SB: General		INSOMNIA	BOLIC SUPPLEM	DIET		1 □ вн: і	Bone H		E 00
D Super-SB: General	500 mcg				т	□ BH: I BH-1: Vi	Bone Ho	ealth Oxide	
Super-SB: General 58-1: 5-MTHF Alpha Lipoic Acid Coenzyme Q10	500 mcg 250 mg 100 mg	INSOMNIA		DIET SUPPLEMEN		□ BH: I BH-1: Vi M Zir	Bone Hotamin D3 agnesium	Oxide	200 n 69.6 ı
Super-SB: General SB-1: 5-MTHF Alpha Lipoic Acid Coenzyme Q10 Methylcobalamin	500 mcg 250 mg 100 mg 20 mg	☐ KP-1: In		DIET		☐ BH: I BH-1: Vi M Zi Cc	Bone Hotamin D3 agnesium nc Glucona apper Gluc	Oxidete	200 n 69.6 ı 7.14 n
Super-SB: General S-1: 5-MTHF	500 mcg 250 mg 100 mg 20 mg 50 mg	KP-1: In Melatonin Methylcobal	nsomnia 3 mg lamin 5 mg	DIET SUPPLEMEN ADP-6 Methylcob	alamin 20 mg	DBH: I BH-1: Vi M Zii Cc Bc	Bone He tamin D3 agnesium nc Glucona pper Gluc ron	Oxide	200 n 69.6 r 7.14 n
Super-SB: General SB-1: 5-MTHF Alpha Lipoic Acid Coenzyme Q10 Methylcobalamin	500 mcg 250 mg 100 mg 20 mg 50 mg 100 mg	KP-1: In Melatonin Methylcobal N-Acetylcyst	nsomnia 3 mg lamin 5 mg teine 125 mg	DIET SUPPLEMENT ADP-6 Methylcob Coenzyme	alamin 20 mg Q10 75 mg	DBH: I BH-1: Vi M Zii Cc Bc Be	Bone Hotamin D3 agnesium no Glucona pper Glucoron taine Anhridoxal-5-1	Oxideonateydrous	200 m 69.6 r 7.14 n 25 r 70 m
Super-SB: General B-1: 5-MTHF	500 mcg250 mg100 mg 50 mg 50 mg 100 mg 100 mg twice daily	KP-1: In Melatonin Methylcobal N-Acetylcyst Glutathione	nsomnia 	DIET SUPPLEMENT ADP-6 Methylcob Coenzyme 5-HTP	alamin 20 mg Q10 75 mg 100 r	BH: I BH-1: Vi M Zii Cc BB BE PP	Bone Hotamin D3 agnesium nc Glucona pper Gluc nron rtaine Anh ridoxal-5-i swella Ser	OxideonateydrousPhosphaterata	200 n 69.6 r 7.14 n 25 r 70 m 200 r
Super-SB: General SB-1: 5-MTHF	500 mcg250 mg100 mg 50 mg 50 mg 100 mg 100 mg twice daily 6 12	KP-1: In Melatonin Methylcobal N-Acetylcyst Glutathione Diphenydran	nsomnia 	DIET SUPPLEMENT ADP-6 Methylcob Coenzyme 5-HTP Acidophilu	alamin 20 mg Q10 75 mg	BH: I BH-1: Vi M Zi CC BC BC BC Py SIG: Tal	Bone Hotamin D3 agnesium inc Glucona ipper Glucoron itaine Anhi ridoxal-5-I sswella Ser se 1 capsule	Oxideonateydrous	200 n 69.6 i 7.14 n 25 r 70 m 200 i
Super-SB: General SB-1: 5-MTHF	500 mcg250 mg200 mg	Melatonin Methylcobal N-Acetylcyst Glutathione Diphenydrar 5-HTP	nsomnia 	DIET SUPPLEMENT ADP-6 Methylcob Coenzyme 5-HTP Acidophilu Bupropion	alamin 20 mg Q10 75 mg 100 r s 100 mg	BH: I BH-1: Vi M Zii CC BC BC BC BC BC GC BC	Bone Hotamin D3 agnesium ne Glucona pper Glucororor taine Anhridoxal-5-1 swella Ser te 1 capsules capsules	OxideonateydrousPhosphateratae by mouth once dail	200 n 69.6 i 7.14 n 25 r 70 m 200 i y su 12
Super-SB: General SB-1: 5-MTHF	500 mcg250 mg	Melatonin Methylcobal N-Acetylcyst Glutathione Diphenydrar 5-HTP SIG: Take 1	nsomnia 	DIET SUPPLEMENT ADP-6 Methylcob Coenzyme 5-HTP Acidophilu Bupropion Psyllium HI SIG: Take:	alamin 20 mg Q10 75 mg 100 m s	BH: I BH-1: Vi M Zi Cc BB BE PY B SIG: Tal G Cty: 30 BH-2: Re Cty: 30	Bone Ho tamin D3 agnesium nc Glucona apper Gluc oron taine Anh ridoxal-5-l sswella Ser te 1 capsule capsules esveratrol	Oxide	200 n 69.6 r 7.14 n 25 r 70 m 200 r y su 12 20 500 m
Super-SB: General SB-1: 5-MTHF	500 mcg250 mg100 mg	Melatonin Methylcobal N-Acetylcyst Glutathione Diphenydrar 5-HTP SIG: Take 1 once do	nsomnia	DIET SUPPLEMENT ADP-6 Methylcob Coenzyme 5-HTP Acidophilu Bupropion Psyllium HI SIG: Take timorn	alamin 20 mg Q10	BH: I BH-1: Vi M Zi CC BC BC BC SIG: Tal S SH-2: Re Ca CC	Bone Hotamin D3 agnesium no Glucona pper Glucona pper Glucona ricon taine Anhridoxal-5-Isswella Serke 1 capsules sesveratrol. Ilcium Gluconenzyme O	OxideonateydrousPhosphateratae by mouth once dail	200 m 69.6 r 7.14 m 70 m 200 r y star 12
Super-SB: General SB-1: 5-MTHF	500 mcg250 mg100 mg	Melatonin Methylcobal N-Acetylcyst Glutathione Diphenydrar 5-HTP SIG: Take 1 once d: Qty: 30 caps	nsomnia	DIET SUPPLEMENT ADP-6 Methylcob Coenzyme 5-HTP Acidophilu Bupropion Psyllium Hi SIG: Take: morn Qty: 30 ca	alamin 20 mg Q10 75 mg	BH: IV BH-1: Vi M Zi CC BC BC BC SIG: Tal S G CT: 30 BH-2: R CC	Bone Hotamin D3agnesium no Glucona pper Glucorontaine Anhridoxal-5-isswella Serce 1 capsules essveratrollicium Glucorondicium Glucoronde Chenzyme O	Oxide	200 m 69.6 r 7.14 m 25 n 70 m 200 r y Su 12
Super-SB: General SB-1: 5-MTHF Alpha Lipoic Acid Coenzyme Q10 Methylcobalamin EGCG Vitamin E Glutathione SIG: Take 1 capsule by mouth Qty: 60 capsules Refills: 3 SB-2: Resveratrol Powder Pyridoxal-5-Phosphate Beta Carotene SIG: Take 1 capsule by mouth	500 mcg250 mg100 mg	Melatonin Methylcobal N-Acetylcyst Glutathione Diphenydrar 5-HTP SIG: Take 1 once d: Qty: 30 caps	nsomnia	DIET SUPPLEMENT ADP-6 Methylcob Coenzyme 5-HTP Acidophilu Bupropion Psyllium Hi SIG: Take: morn Qty: 30 ca	alamin 20 mg Q10	BH: I VI M ZiII CCC BC	Bone Hotamin D3agnesium no Glucona pper Glucorontaine Anhridoxal-5-isswella Serce 1 capsules essveratrollicium Glucorondicium Glucoronde Chenzyme O	Oxide	200 m 69.6 r 7.14 m 25 n 70 m 200 r y 200 m y 500 m 500 m g y
Super-SB: General SB-1: 5-MTHF	500 mcg250 mg100 mg	Melatonin Methylcobal N-Acetylcyst Glutathione Diphenydrar 5-HTP SIG: Take 1 once d: Qty: 30 caps	nsomnia	DIET SUPPLEMENT ADP-6 Methylcob Coenzyme 5-HTP Acidophilu Bupropion Psyllium Hi SIG: Take: morn Qty: 30 ca	alamin 20 mg Q10 75 mg	BH: I VI M ZiII CCC BC	Bone He tamin D3 agnesium nc Glucona ppper Gluc tron taine Anhridoxal-5-l ridoxal-5-l sswella Ser te 1 capsules essveratrol lcium Glu eenzyme C Methyltet te 1 capsule	Oxide	200 m 69.6 r 7.14 m 25 n 70 m 200 r y 200 m y 500 m 500 mcg
Super-SB: General SB-1: 5-MTHF	500 mcg	Melatonin Methylcobal N-Acetylcyst Glutathione Diphenydrar 5-HTP SIG: Take 1 . once de Qty: 30 caps Refills: 0 3 0	nsomnia	DIET SUPPLEMENT ADP-6 Methylcob Coenzyme 5-HTP Acidophilu Bupropion Psyllium HI SIG: Take: morn Qty: 30 ca, Refills: 1 3	alamin	BH: I BH-1: Vi M Zii CC BB BE PY BC SIG: Tal CC CC SSIG: Tal Cty: 30	Bone He tamin D3 agnesium n c Glucona pper Gluc ron taine Anh ridoxal-5-f swella Ser te 1 capsule sesveratrol licium Gluc tenzyme Q Methyltett te 1 capsules capsules	Oxide	200 n 69.6 r 7.14 n 25 r 70 m 200 r y 200 m 500 m 500 mcg y
Super-SB: General SB-1: 5-MTHF	500 mcg	Melatonin Methylcobal N-Acetylcyst Glutathione Diphenydrar 5-HTP SIG: Take 1 once d: Qty: 30 caps Refills: 0 3 0	nsomnia	DIET SUPPLEMEN' ADP-6 Methylcob Coenzyme 5-HTP Acidophillu Bupropion Psyllium Hi SIG: Take i morn Qty: 30 ca, Refills: 🗓 31	alamin	DBH: I VI M Zi M Z	Bone He tamin D3 agnesium nc Glucona pper Gluc ron taine Anhi ridoxal-5-1 sswella Ser ce 1 capsule capsules esveratrol licium Glu cenzyme C Methyltetr te 1 capsules capsules	Oxide	200 m 69.6 r 7.14 m 25 n 70 m 200 r y 200 m y 500 m 500 mcg
Super-SB: General SB-1: 5-MTHF	500 mcg	Melatonin Methylcobal N-Acetylcyst Glutathione Diphenydrar 5-HTP SIG: Take 1 once d: Qty: 30 caps Refills: 0 3 0	nsomnia	DIET SUPPLEMEN' ADP-6 Methylcob Coenzyme 5-HTP Acidophillu Bupropion Psyllium Hi SIG: Take i morn Qty: 30 ca, Refills: 🗓 31	alamin	BH: I BH-1: Vi M Zii CC BB BE PY BC SIG: Tal CC CC SSIG: Tal Cty: 30	Bone He tamin D3 agnesium nc Glucona pper Gluc ron taine Anhi ridoxal-5-1 sswella Ser ce 1 capsule capsules esveratrol licium Glu cenzyme C Methyltetr te 1 capsules capsules	Oxide	200 n 69.6 r 7.14 n 25 r 70 m 200 r y 200 m 500 m 500 mcg y

ATIFAIT		DOD	<u> </u>	1.057.4	DIGITS OF SSM				
^{PATIENT} (ELLI ALVE	DCON	DOB		LASI 4	DIGITS OF SSN	Contion	Insuranc	ce info	
	NOON					Carrier:			
Iome Phone		Cell P	hone			Bin#		PCN#	
ddress						Group #			
ity			State	Zip		Group #			
llergies						Member ID #	!		
						Workers Con	np	Yes	No
iag.									
						DOI		Claim #	
AIN-TRANSDERMAL	Any add	led contr	olled substa	nces must b	e handwritten.		PAIN-TOPICAL		
☐ NCP-7B:	□ NCP-9:		☐ GPI-2:		Reme-D		Renovo		Camphomex
Neuropathic &	Neuropathic	&	Genera	l Pain /	Topiramate	2.5%	Pain Patch		Topical
Chronic Pain	Chronic Pain		InÊamn	nation	Celecoxib		Menthol	5%	Spray
Flurbiprofen20%	Baclofen	2%	Flurbiprofen	20%	Gabapentin		Capsaicin	0.0375%	Menthol
Baclofen 25				orine 2%	Lidocaine		CIC. Apply 1 patch to		Camphor
Cyclobenzaprine 2%	Gabapentin				2%		SIG: Apply 1 patch to		·
Gabapentin 6% Lidocaine2.5%	Lidocaine Diclofenac				Duloxetine		affected area 1-		Histamine 0.
Add:	Add:	3%	SIG: Apply 1	-2 pumps to	SIG: Apply 1-2		daily as needed.		SIG: Apply 1-2 sprays,
SIG: Apply 1-2 pumps to	SIG: Apply 1-2 pum	ps to		d area 3-4	affected a	rea 3-4 times	Qty: 1 30 count		3-4 times per day
affected area 3-4 times	affected area 3			laily; 1 pump =	daily; 1 pu	mp = 1.5 gm	☐ 60 count		PRN pain
daily; 1 pump = 1.5 gm	daily; 1 pump =		1.5 gm		Qty : 1 300 gm	ů	Đ	_	Qty: 240 gm
Qty: 📵 300 gm 🛍	Qty: 🛅 300 gm 🐧		Qty : 🗓 300	gm 🛍	Refills: 03 0 6 0		Refills: 3 6 1 2		
Refills: 1 3 1 6 1 12	Refills: 13 1 6 1 12		Refills: 👊 🗓	6 🛮 12	Keinis. d 3 d 0 c				Refills: 03 0 6 0 12
RMATOLOGICAL			SCAR				SPECIALTY		
DERM-2:	DERM-7:		⊡ Derr	nacin Rx		ransdermal)	☐ MGL-1A:		SCALP CARE -
Topical Anti	Plantar Fasci	itis	SilaF	Pak		1%	Migraine		3 Hair Solution
Fungal Cream	Diclofenac	5%	(scai	topical)		ne2% ne 0.5%	Topiramate	5%	Fluticasone 0.2%
Fluticasone1%	Baclofen			nolone Acetonic	ie e r commains	ul scars, add:	Baclofen		Finasteride 0.2%
Fluconazole2%	Fluticasone		Crear	n USP, 80 gm	Prilocaine	3%	Cyclobenzaprine .	2%	Minoxidil 5%
Pentoxifylline 0.5%	Lidocaine		Dermac	in Rx Skin Repai olex (Dimethico	ne) 5% Gabapentin	15%	Lidocaine		Tretinoin 0.01%
Lidocaine 2%	Verapamil		Silicone	Таре	🗓 For elasti	city, add:	Flurbiprofen	10%	☐ For women:
Hydroxyzine2%	Hydrochloride	10%		ply to the affecte		Acid 0.2%	Apomorphine	0.2%	(No Finasteride)
SIG: Apply 1-2 pumps to	Add:			ea as a thin film 2 nes daily. May us		0.05%	SIG: Apply 1-2 pun	nps to	SIG: Apply up to 2 mls
affected area 3-4	SIG: Apply 1-2 pump	os to		cone tape on the		5% 0.1%	affected area	3-4 times	scalp 2 times a da
times daily; 1 pump = 1.5 gm	affected area 3	-4 times		am in absence o	f SIG: Apply:		daily; 1 pump	= 1.5 gm	Qty: 1 120 ml
Qty: 300 gm	daily; 1 pump =	1.5 gm		oken skin. Clean a ply new tape eve	ery affecte	d area 3-4 times	Qty: 1 300 gm		Qty. 1201111
0	Qty: 🐧 300 gm 🐧		24	hours.	daily; 1	. pump = 1.5 gm	ů		
Refills: 0 3 0 6 0 12	Refills: 🛚 3 🖛 6 🗷 12		Qty: 1 p Refills: C	оаск 3 0 6 0 12		gm 10 6 12	Refills: 0 3 0 6 012	·	Refills: 03 0 6 0 12 _
NERAL WELLNESS			METABOLIC	CLIDDLEME	NITC		BONE HEA	1711	
-			WEIABOLIC	SUPPLEIVIE	NIS				
Super-SB: General		INSON	ΛΝΙΔ		DIET			Bone Hea	
6B-1: 5-MTHF					SUPPLEMEN	NT .			5,00
Alpha Lipoic Acid		<u></u>	P-1: Insomr	nia .					xide 200 r e 69.6
Coenzyme Q10 Methylcobalamin					∏ADP-	2			e 69.6 nate 7.14 r
EGCG	-		latonin	_	_		Bo		
Vitamin E			thylcobalamin	_		balamin 20 mg	- DC		drous 25 ı
Glutathione			cetylcysteine	_		e Q10 75 m	,		nosphate 70 m
SIG: Take 1 capsule by mouth	twice daily		tathione	_		100 us100 m			ata
Qty: 60 capsules Refills: 3	3 6 12		henydramine	-		us 100 m n 50 r			by mouth once daily
B-2: Resveratrol Powder	100 mg	5-H	TP	150 mg		n 50 r Husk 100 m		capsules	Refills: 0 3 0 6 0 12 2
Pyridoxal-5-Phosphate	e 25 mg	SIG:	Take 1 capsule	by mouth		1 capsule in the	-		onate 500 n
Beta Carotene			once daily at b	edtime		ning as directed			0100
SIG: Take 1 capsule by mouth	twice daily	Qty	: 30 capsules		Qty: 30 d	-			hydrofolate 500 mcg
Qty: 60 capsules Refills: Q 3 6 6 12			lls: 🛮 3 🗷 6 🗓 12			3 0 6 0 12			by mouth once daily
Neillis 3 0- 12						, = 0 12	Qty: 30	capsules	Refills: 030 60 12
Other									
occribor Name: CHRISTON	PHER INCE MD				NIDI #-				
escriber realite.									
c. #:	DEA#:				Phone #: 817 328 10	10	Fax#:		
ddress:									

Date: 8/31/15

Signature (Note: Manual Signature Required for CS):

Case 4:18-cr-00368 Document 533-183 Filed on 07/22/23 in TXSD Page 4 of 16

EVIN ALVE	ERSON	DOB		27.01 4 D	OIGITS OF SSN	Carrier:	Insuran	ice info		
Home Phone		Cell Ph	none			Bin#		PCN#		
Address								PCIN#		
iity			State	Zip		Group #				
llergies				<u> </u>		Member ID #				
						Workers Com	p	Yes	N	lo
iag.						DOI		Claim	#	
						DOI		Claiiii	"	
AIN-TRANSDERMAL	Any ad	ded contro	olled substa	ices must be	handwritten.		PAIN-TOPICAL			
☐ NCP-7B:	☐ NCP-9:		🗖 GPI-2:		🗖 Reme-D		🗖 Renovo		Campho	omex
Neuropathic & Chronic Pain	Neuropathio Chronic Pair		Genera InÊamn		Topiramate		Pain Patch	-	Topical Spray	
Flurbiprofen20%	Baclofen			20%	Celecoxib		Menthol Capsaicin		Menthol	
Baclofen 29	Cyclobenzaprine	2%		rine 2%	Lidocaine		·		Camphor	
Cyclobenzaprine 2%	Gabapentin		Baclofen	2	Duloxetine		SIG: Apply 1 patch t affected area 1		Histamine	
Gabapentin 6% Lidocaine2.5%	Lidocaine Diclofenac		Add:				daily as needed		SIG: Apply 1	
Add:	Add:		SIG: Apply 1		SIG: Apply 1-2 pu		Qty: 1 30 count			
SIG: Apply 1-2 pumps to	SIG: Apply 1-2 pun			d area 3-4 aily; 1 pump =	affected are		1 60 count		3-4 time PRN pai	es per day
affected area 3-4 times daily; 1 pump = 1.5 gm	affected area : daily; 1 pump		1.5 gm	my, ± pump =	daily; 1 pum Qty: 1 300 gm		û		•	
Qty: 1 300 gm 1	Qty: 📵 300 gm 🐧	-	Qty: 1 300	zm 🛍			Refills: 3 6 1 2	_	Qty : 240 gm	ı
Refills: 1 3 1 6 1 12	Refills: 👊 🗓 6 🗖 12		Refills: 👊 🗖	5 🗖 12	Refills: 03 0 6 0 1	12	Remis: U3 U 6 U 12		Refills: 030	6 🛭 12
RMATOLOGICAL			SCAR				SPECIALTY			
DERM-2:	DERM-7:		⊡ Dern	nacin Rx	🖺 Scar (tra		☐ MGL-1A:		□ SCALP	CARE -
Topical Anti	Plantar Fasc	iitis	SilaP			1% 22%	Migraine		3 Hair	Solution
Fungal Cream	Diclofenac			topical)	Pentoxifylline	0.5%	Topiramate			
Fluticasone1%	Baclofen			olone Acetonide n USP, 80 gm	0.1 For paintul	scars, add:	Baclofen			
Fluconazole	Fluticasone			D CI : D :	Prilocaine	3%	Cyclobenzaprine			
Pentoxifylline 0.5% Lidocaine 2%	Lidocaine	2%	Comp Silicone	lex (Dimethicone	e) 5% Gabapentin .	15%	Lidocaine Flurbiprofen		,	
Hydroxyzine2%	Verapamil Hydrochloride	100/		oly to the affected			Apomorphine		- I OI WOII	
SIG: Apply 1-2 pumps to	Add:	2070		a as a thin film 2-3 es daily. May use		0.05%	SIG: Apply 1-2 pu	mps to	SIG: Apply	
affected area 3-4 times daily; 1 pump =	SIG: Apply 1-2 pum	ips to	sili	cone tape on the		5% 0.1%	affected area	3-4 times	scalp	2 times a da
1.5 gm	affected area 3	3-4 times		am in absence of ken skin. Clean an	siG: Apply 1-	2 pumps to	daily; 1 pum	p = 1.5 gm	Qty: 11 120	0 ml
Qty: Q 300 gm	daily; 1 pump :	-		oly new tape every hours.		area 3-4 times oump = 1.5 gm	Qty: 🐧 300 gm		0_	
0	Qty: 1 300 gm 1 Refills: 3 6 12		Qty : 1 p	ack	Qty: 1 300 g	m 10	Refills: 0 3 0 6 01		Refills: □3 [0 6 0 12 _
Refills: 0 3 0 6 0 12	Kellis. 4 5 4 6 4 12		Refills:	3 🛮 6 🗗 12	Refills: 03 0 6	u12	Refills: U3 U 6 U1			
NERAL WELLNESS			METABOLIC	SUPPLEMEN	TS		BONE HE	ALTH		
D Super-SB: General	Wellness	INSOM		SUPPLEMEN	DIET		ДВН:	Bone H		5.00
D Super-SB: General	Wellness 500 mcg	INSOM	INIA			т	ДВН: вн-1: ∨	Bone H	lealth	
Super-SB: General SB-1: 5-MTHF Alpha Lipoic Acid Coenzyme Q10	Wellness 500 mcg 250 mg 100 mg	INSOM			DIET SUPPLEMENT		□ BH: BH-1: V N Z	Bone H itamin D3 Magnesium inc Glucon	n Oxide	200 r 69.6
Super-SB: General SB-1: 5-MTHF Alpha Lipoic Acid Coenzyme Q10 Methylcobalamin	Wellness 500 mcg 250 mg 100 mg 20 mg	INSOM	INIA	iia	DIET		□ BH: BH-1: V N Z	Bone H itamin D3 Magnesium inc Glucon opper Glu	n Oxidenate	200 r 69.6 7.14 r
Super-SB: General SB-1: 5-MTHF	Wellness 500 mcg250 mg100 mg 20 mg 50 mg	INSOM KI Mela Meth	P-1: Insomn	iia 3 mg 5 mg	DIET SUPPLEMENT ADP-6 Methylcob.	alamin 20 mg	□ BH: BH-1: V N Z C B	Bone H litamin D3 Magnesium inc Glucon opper Glu oron	n Oxide	200 i 69.6 7.14 i
Super-SB: General SB-1: 5-MTHF Alpha Lipoic Acid Coenzyme Q10 Methylcobalamin	Wellness 500 mcg 250 mg 100 mg 20 mg 50 mg 100 mg	INSOM KI Mela Meth	P-1: Insomn atoninhylcobalamin cetylcysteine	iia 3 mg 5 mg 125 mg	DIET SUPPLEMENT ADP-6 Methylcob. Coenzyme	alamin 20 mg Q10 75 mg	□ BH: BH-1: V N Z C B B	Bone H litamin D3 Magnesium inc Glucon lopper Glu oron etaine Anl yridoxal-5	n Oxide nateconatehydrous	200 r 69.6 7.14 r 25
Super-SB: General SB-1: 5-MTHF Alpha Lipoic Acid Coenzyme Q10 Methylcobalamin EGCG. Vitamin E Glutathione SIG: Take 1 capsule by mouth	Wellness500 mcg250 mg100 mg20 mg50 mg100 mg100 mg100 mg	INSOM KI Mela Meth N-Ac Gluta	P-1: Insomn atoninhylcobalamin cetylcysteine athione	iia 3 mg 5 mg 125 mg 50 mg	DIET SUPPLEMENT ADP-6 Methylcob Coenzyme 5-HTP	alamin 20 mg Q10 75 mg 100 r	□ BH: BH-1: V N Z B B P P B B B B B B B B B	Bone H itamin D3 Magnesium inc Glucon opper Glu oron etaine Anl yridoxal-5 oswella Se	n Oxide	200 r 69.6 7.14 r 25 70 n
Super-SB: General SB-1: 5-MTHF	Wellness500 mcg250 mg100 mg20 mg50 mg100 mg100 mg100 mg100 mg100 mg	INSOM KI Mela Meth N-Ac Gluta Diph	P-1: Insomn atonin hylcobalamin cetylcysteine athione	iia 3 mg 5 mg 125 mg 50 mg 20 mg	DIET SUPPLEMENT ADP-6 Methylcob. Coenzyme 5-HTP Acidophilus	alamin 20 mg Q10 75 mg	BH-1: V BH-1: V C B B B S S S S S S S S S S	Bone H itamin D3 Magnesium inc Glucon opper Glu oron etaine Anl yridoxal-5 oswella Se ake 1 capsu	n Oxide nate conate hydrous -Phosphate errata	200 i 69.6 7.14 i 25 70 n 200 daily
Super-SB: General SB-1: 5-MTHF	Wellness 500 mcg250 mg100 mg 50 mg	INSOM KI Mela Meth N-Ac Gluta Diph 5-HT	P-1: Insomn atonin hylcobalamin tetylcysteine athione tenydramine TP	iia 3 mg 5 mg 125 mg 50 mg 20 mg 20 mg 150 mg	DIET SUPPLEMENT ADP-6 Methylcob. Coenzyme 5-HTP Acidophillus Bupropion.	alamin 20 mg Q10 75 mg 100 r s 100 mg	□ BH: BH-1: V N Z C B B S S S G Q ty: 36 BH-2: BH-2: BH-2: BH-2: BH-2: BH-2: BH-2: BH-2	Bone H itamin D3 Aagnesium inc Glucon opper Glu oron etaine Anl yridoxal-5 oswella Se ake 1 capsu 0 capsules desveratro	n Oxideh Oxideh Oxidehydrous	200 r
Super-SB: General SB-1: 5-MTHF	Wellness 500 mcg 500 mg 20 mg 20 mg 50 mg 100 mg	INSOM KI Mela Meth N-Ac Gluta Diph 5-HT	P-1: Insomn atonin	iia 3 mg 5 mg 125 mg 50 mg 20 mg 150 mg by mouth	DIET SUPPLEMENT ADP-6 Methylcob. Coenzyme 5-HTP Acidophilus Bupropion. Psyllium Ht SIG: Take	alamin 20 mg Q10 75 mg 100 m 50 m usk 100 mg I capsule in the	BH-1: V BH-1: V N Z B B B P P SIG: Ti G Cty: 31 BH-2: F	Bone H itamin D3 dagnesium inc Glucor opper Glu oron etaine Anl yridoxal-5 oswella Se ake 1 capsu 0 capsules desveratro ialcium Glu	n Oxide	
Super-SB: General SB-1: 5-MTHF	Wellness 500 mcg 250 mg 20 mg 20 mg 20 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 25 mg 25 mg	INSOM Melai Meth N-Ac Glutt Diph 5-HT SIG:	P-1: Insomn atonin	iia 3 mg 5 mg 125 mg 50 mg 20 mg 150 mg by mouth	DIET SUPPLEMENT ADP-6 Methylcob Coenzyme 5-HTP Acidophilus Bupropion. Psyllium Hu SIG: Take 2 morni	alamin 20 mg Q10 75 mg	BH-1: V BH-1: V N Z C B B S S S S S S S S S S S	Bone H itamin D3 Aagnesium inc Glucon opper Glu oron etaine Anl yridoxal-5 oswella Se ake 1 capsu 0 capsules tesveratro alcium Glu oonzyme	n Oxide	200 r
Super-SB: General SB-1: 5-MTHF	Wellness 500 mcg 250 mg 20 mg 20 mg 20 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 25 mg 25 mg	INSOM Mela Meth N-Ac Gluta Diph 5-HT SIG:	P-1: Insomn atonin	iia 3 mg 5 mg 125 mg 50 mg 20 mg 150 mg by mouth ddtime	DIET SUPPLEMENT ADP-6 Methylcob Coenzyme 5-HTP Acidophilus Bupropion. Psyllium Hu SIG: Take 2 morni Qty: 30 caj	alamin 20 mg Q10	BH:: V BH-1: V C C B B B P S S S S G Qty: 33 BH-2: F	Bone H itamin D3 Aggnesium inc Glucon opper Glu oron etaine Anl yridoxal-5 oswella Se ake 1 capsu 0 capsules lesveratro alacium Glu oenzyme -Methylte	n Oxide	200 r
Super-SB: General SB-1: 5-MTHF	Wellness 500 mcg 250 mg 20 mg 20 mg 20 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 25 mg 25 mg	INSOM Mela Meth N-Ac Gluta Diph 5-HT SIG:	P-1: Insomn atonin	iia 3 mg 5 mg 125 mg 50 mg 20 mg 150 mg by mouth ddtime	DIET SUPPLEMENT ADP-6 Methylcob Coenzyme 5-HTP Acidophilus Bupropion. Psyllium Hu SIG: Take 2 morni Qty: 30 caj	alamin 20 mg Q10 75 mg	□ BH: BH-1: V N Z C B B S S SIG: Ta C S SIG: Ta	Bone H itamin D3 Aggnesium inc Glucon opper Glu oron etaine Anl yridoxal-5 oswella Se ake 1 capsu 0 capsules lesveratro alacium Glu oenzyme -Methylte	h Oxide	200 r
Super-SB: General SB-1: 5-MTHF	Wellness 500 mcg 250 mg 20 mg 20 mg 20 mg 100 mg 100 mg 100 mg 100 mg 100 mg 100 mg 25 mg 25 mg	INSOM Mela Meth N-Ac Gluta Diph 5-HT SIG:	P-1: Insomn atonin	iia 3 mg 5 mg 125 mg 50 mg 20 mg 150 mg by mouth ddtime	DIET SUPPLEMENT ADP-6 Methylcob Coenzyme 5-HTP Acidophilus Bupropion. Psyllium Hu SIG: Take 2 morni Qty: 30 caj	alamin 20 mg Q10	□ BH: BH-1: V N Z C B B S S SIG: Ta C S SIG: Ta	Bone H itamin D3 Aagnesium inc Glucor oopper Glu oron etaine Anl yridoxal-5 ooswella Se ake 1 capsu 0 capsules tesveratro calcium Glu oenzyme -Methylte ake 1 capsu	h Oxide	200 r
Super-SB: General SB-1: 5-MTHF	Wellness 500 mcg250 mg	INSOM Mela Meth N-Ac Gluta Diph 5-HT SIG: Qty: Refill	P-1: Insomn atonin	iia	DIET SUPPLEMENT ADP-6 Methylcob. Coenzyme 5-HTP Acidophilu: Bupropion. Psyllium Ht SIG: Take 2 morni Qty: 30 caj Refills: U 3 U	alamin 20 mg Q10	BH: BH-1: V N Z C B B B P P S S S S S S S S S S S	Bone Hitamin D3 Aagnesium inc Glucor opper Glu oron etaine Anl yridoxal-5 oswella Sea tex etaine Anl capsules tesveratro alcium Glu coenzyme Methylte ake 1 capsu	n Oxide	200 r
Super-SB: General SB-1: 5-MTHF	Wellness500 mcg250 mg20 mg50 mg50 mg	INSOM Mela Meth N-Ac Gluta Diph 5-HT SIG: Qty: Refill	P-1: Insomn atonin	iia 3 mg 5 mg 125 mg 50 mg 20 mg 150 mg by mouth ddtime	DIET SUPPLEMENT ADP-6 Methylcob. Coenzyme 5-HTP Acidophilu: Bupropion. Psyllium Hu SIG: Take 1 morni Qty: 30 caj Refills: II 3 II	alamin	BH: BH: BH-1: V N C B B B P P G G G SIG: Ta C C S SIG: Ta C C C C C C C C C C C C C	Bone Hitamin D3 Aagnesium inc Glucor opper Glu oron etaine Anl yridoxal-5 oswella Sea tex etaine Anl capsules tesveratro alcium Glu coenzyme Methylte ske 1 capsu O capsules	n Oxide	200 r
Super-SB: General SB-1: 5-MTHF	Wellness500 mcg250 mg20 mg50 mg50 mg	INSOM Mela Meth N-Ac Gluta Diph 5-HT SIG: Qty: Refill	P-1: Insomn atonin	iia 3 mg 5 mg 125 mg 50 mg 20 mg 150 mg by mouth ddtime	DIET SUPPLEMENT ADP-6 Methylcob. Coenzyme 5-HTP Acidophilu: Bupropion. Psyllium Hu SIG: Take 1 morni Qty: 30 caj Refills: II 3 II	alamin	BH: BH-1: V N Z C B B B P P S S S S S S S S S S S	Bone Hitamin D3 Aagnesium inc Glucor opper Glu oron etaine Anl yridoxal-5 oswella Sea tex etaine Anl capsules tesveratro alcium Glu coenzyme Methylte ske 1 capsu O capsules	n Oxide	200 r

EVIN ALVE	ERSON	DOB			IGITS OF SSN	Carrier:	Insurar	nce info		
Iome Phone		Cell Ph	ione			Bin#		PCN#		
Address						DIII#		PCIN#		
ity			State	Zip		Group #				
llergies						Member ID #				
						Workers Com	n	Yes T	No	,
iag.										
						DOI		Claim	#	
AIN-TRANSDERMAL	Any add	led contro	olled substan	ces must be	handwritten.		PAIN-TOPICAL			
☐ NCP-7B:	☐ NCP-9:		🗖 GPI-2:		T Reme-D		☐ Renovo		Campho	mex
Neuropathic &	Neuropathic		General InÊamm		Topiramate		Pain Patch		Topical	
Chronic Pain Flurbiprofen20%	Chronic Pain Baclofen			20%	Celecoxib		Menthol Capsaicin			
Baclofen				ine 2%	Gabapentin		·		Menthol	
Cyclobenzaprine 2%	Gabapentin		Baclofen	25	Lidocaine Duloxetine		SIG: Apply 1 patch to affected area 1		Camphor Histamine	
Gabapentin 6% Lidocaine2.5%	Lidocaine Diclofenac		Add:				daily as needed		SIG: Apply 1-2	
Add:	Add:		SIG: Apply 1-		SIG: Apply 1-2 pu affected are		Qty: 1 30 count	. .	3-4 times	
SIG: Apply 1-2 pumps to	SIG: Apply 1-2 pump affected area 3			area 3-4 illy; 1 pump =	daily; 1 pum		1 60 count		PRN pain	
affected area 3-4 times daily; 1 pump = 1.5 gm	daily; 1 pump =		1.5 gm	,, <u>+ pap</u> =	Qty: 1 300 gm		ů		Qty: 240 gm	
Qty: 🛅 300 gm 🛅	Qty: 🛅 300 gm 🐧	-	Qty: 🗓 300 g	m ti	.,	_	Refills: □ 3 □ 6 □ 12		Qty: 240 gm	
Refills: 1 3 1 6 1 12	Refills: 03 0 6 0 12		Refills: 👊 🗓 6	1 2	Refills: 03 0 6 0 1		Helmsi do d o d 12		Refills: 3 6	1 2
RMATOLOGICAL			SCAR				SPECIALTY			
DERM-2:	DERM-7:		⊡ Derm	acin Rx	🗖 Scar (tra		☐ MGL-1A:		SCALP (CARE -
Topical Anti	Plantar Fascii	tis	SilaPa			1%	Migraine		3 Hair S	olution
Fungal Cream	Diclofenac			topical)	Pentoxifylline	0.5%	Topiramate			
Fluticasone	Baclofen			olone Acetonide USP, 80 gm	0.1 For painful	scars, add:	Baclofen Cyclobenzaprine		% Finasteride Minoxidil 5	
Fluconazole	Fluticasone			D CI : D :	Prilocaine Gabapentin	3%	Lidocaine			
Lidocaine	Lidocaine Verapamil	2%	Compl Silicone T	ex (Dimethicone	5% Gabapentin 1 For elastici	tv. add:	Flurbiprofen			
Hydroxyzine2%	Hydrochloride	10%	SIG: App	ly to the affected	Hyaluronic Ac	id 0.2%	Apomorphine		- TO: WOILI	
SIG: Apply 1-2 pumps to	Add:			a as a thin film 2-3 es daily. May use		0.05% 5%	SIG: Apply 1-2 pu	imps to	SIG: Apply u	ip to 2 mls
affected area 3-4 times daily; 1 pump =	SIG: Apply 1-2 pump	s to	silic	one tape on the		0.1%	affected are		scalp 2	times a da
1.5 gm	affected area 3-		bro	ken skin. Clean an		2 pumps to area 3-4 times	daily; 1 pum	p = 1.5 gm	Qty: 11 120	ml
Qty: 0 300 gm	daily; 1 pump = Qty: 1 300 gm 1	_		ly new tape every nours.		oump = 1.5 gm	Qty: 1 300 gm		0	
Refills: 0 3 0 6 0 12	Refills: 0 3 0 6 0 12		Qty : 1 pa		Qty: 1 300 gr Refills: 3 6		Refills: 0 3 0 6 01		Refills: 🛚 3 🗖	6 🛮 12 _
NERAL WELLNESS			METABOLIC	STIDDI EMENI	TS		PONE HE	AITH		
				SUPPLEMEN			BONE HE	ALTH Bone H	lealth	
D Super-SB: General	Wellness	INSOM		SUPPLEMEN	DIET		ДВН: Вн-1: \	Bone F		
Super-SB: General SB-1: 5-MTHFAlpha Lipoic Acid	Wellness 500 mcg 250 mg	INSOM	NIA			T)	□ BH: BH-1: \	Bone F /itamin D3 //agnesium	Oxide	200 r
Super-SB: General SB-1: 5-MTHF	Wellness 500 mcg 250 mg 100 mg	INSOM	NIA P-1: Insomn	ia	DIET SUPPLEMENT	г	□ BH: BH-1: \ \(\text{N} \) \(\text{Z} \)	Bone H /itamin D3 Magnesium /inc Glucor	n Oxide	200 r 69.6
Super-SB: General SB-1: 5-MTHFAlpha Lipoic Acid	Wellness 500 mcg 250 mg 100 mg 20 mg	INSOM KP Mela	NIA P-1: Insomn	ia 3 mg	DIET SUPPLEMENT		☐ BH: BH-1: \ 2 C	Bone H /itamin D3 //agnesium linc Glucor Copper Glu Boron	n Oxideateconate	200 r 69.6 7.14 r
Super-SB: General SB-1: 5-MTHF	Wellness 500 mcg250 mg100 mg 20 mg 50 mg100 mg	INSOM KF Mela Meth	NIA P-1: Insomn	ia 3 mg 5 mg	DIET SUPPLEMENT ADP-6 Methylcoba	alamin 20 mg	☐ BH: BH-1: \	Bone Horizania D3 Magnesium Cinc Glucor Copper Glu Boron Betaine Anl	n Oxide nate conate	200 r 69.6 7.14 r
Super-SB: General SB-1: 5-MTHF	Wellness 500 mcg250 mg100 mg20 mg50 mg100 mg100 mg	INSOM KF Mela Meth N-Act	NIA P-1: Insomn	ia 3 mg 5 mg 125 mg	DIET SUPPLEMENT ADP-6 Methylcob. Coenzyme		□ BH: BH-1: V Z C E E	Bone Horizone Horizon	n Oxideateconate	200 r 69.6 7.14 r 25 r 70 m
Super-SB: General SB-1: 5-MTHF	Wellness 500 mcg 250 mg 100 mg 20 mg 50 mg 100 mg 100 mg 100 mg twice daily	INSOM KP Mela Meth N-Acc Gluta	NIA P-1: Insomn atonin nylcobalamin etylcysteine	ia 3 mg 5 mg 125 mg 50 mg	DIET SUPPLEMENT ADP-6 Methylcobi Coenzyme 5-HTP	alamin 20 mg Q10 75 mg 100 m s 100 mg	BH-1: N BH-1: N Z E E E E E E S S S S S S S S S S S S S	France For Magnesium Copper Gluston	n Oxide nate conate hydrous -Phosphate errata	200 r 69.6 7.14 r 25 r 70 m 200
Super-SB: General SB-1: 5-MTHF	Wellness500 mcg250 mg100 mg20 mg50 mg100 mg100 mg100 mg100 mg	INSOM KP Mela Meth N-Acc Gluta Dipho	P-1: Insomn atonin hylcobalamin etylcysteine athione	ia 3 mg 5 mg 125 mg 50 mg . 20 mg	DIET SUPPLEMENT ADP-6 Methylcob: Coenzyme 5-HTP Acidophilus Bupropion.	alamin 20 mg Q10 75 mg 100 n 5 100 mg	BH-1: N BH-1: N Z C C C E B B S S S S S S S S S S S S S S S S S	Bone I- Vitamin D3 Magnesium Linc Glucor Copper Glu Boron Betaine Anl Pyridoxal-5 Boswella Se ake 1 capsu 0 capsules	n Oxide	200 r 69.6 7.14 r 25 r 70 m 200 aily 6 12
Super-SB: General SB-1: 5-MTHF	Wellness 500 mcg 500 mg 250 mg 20 mg 50 mg 50 mg 100 mg 100 mg 100 mg twice daily 3 6 12 100 mg	INSOM KP Mela Meth N-Ac Gluta Diphe 5-HTI	P-1: Insomn atonin	ia 3 mg 5 mg 125 mg 50 mg 20 mg 150 mg	DIET SUPPLEMENT ADP-6 Methylcob: Coenzyme 5-HTP Acidophilus Bupropion. Psyllium Hu	alamin	BH-1: V BH-1: V C C E E E G G S G S G S G B H-2: G B BH-2: G BH-	Bone I- Vitamin D3 Magnesium Cinc Glucor Copper Glu Boron Betaine Ani Pyridoxal-5 Coswella Se Bake 1 capsu O capsules Resveratro	n Oxide	200 r 69.6 7.14 r 25 r 70 m 200 aily 6 12
Super-SB: General SB-1: 5-MTHF	Wellness 500 mcg 500 mg 250 mg 20 mg 50 mg 100 mg 100 mg twice daily 3 6 12 100 mg 20 mg 20 mg 20 mg 30 mg 30 mg 30 mg 30 mg 30 mg 30 mg	INSOM KP Mela Meth N-Ac Gluta Diphe 5-HTI	P-1: Insomn victorin	ia 3 mg 5 mg 125 mg 50 mg 50 mg 20 mg 150 mg oy mouth	DIET SUPPLEMENT ADP-6 Methylcob: Coenzyme 5-HTP Acidophilus Bupropion. Psyllium Ht. SIG: Take 1	alamin	BH-1: N BH-1: N Z E E E G G G G G G G G G G	Bone I Vitamin D3 Alagnesium Cinc Glucor Copper Glu Boron Betaine Anl Vyridoxal-5 Boswella Se ake 1 capsu 0 capsules Resveratro Calcium Glu	n Oxide	200 r 69.6 7.14 r 25 r 70 m 200 aily 6 l 12
Super-SB: General SB-1: 5-MTHF Alpha Lipoic Acid Coenzyme Q10 Methylcobalamin EGCG Vitamin E Glutathione SIG: Take 1 capsule by mouth Qty: 60 capsules Refills: 3 SB-2: Resveratrol Powder Pyridoxal-5-Phosphate Beta Carotene SIG: Take 1 capsule by mouth	Wellness 500 mcg 500 mg 250 mg 20 mg 50 mg 100 mg 100 mg twice daily 3 6 12 100 mg 20 mg 20 mg 20 mg 30 mg 30 mg 30 mg 30 mg 30 mg 30 mg	INSOM KF Mela Meth N-Acc Gluta Diphe 5-HTI SIG:	P-1: Insomn hylcobalamin etylcysteine athione enydramine P Take 1 capsule b	ia 3 mg 5 mg 125 mg 50 mg 50 mg 20 mg 150 mg oy mouth	DIET SUPPLEMENT ADP-6 Methylcob: Coenzyme 5-HTP Acidophilus Bupropion. Psyllium Ht. SIG: Take 1	alamin 20 mg Q10 75 mg	BH-1: V BH-1: V C C E E S S S S S S S S S B H-2: f	Bone I- Vitamin D3 Magnesium inc Glucor copper Glu doron detaine Ani dyridoxal-5 doswella Se ake 1 capsu 0 capsules Resveratro Calcium Glu Coenzyme 6-Methylte	hydrous	200 r 69.6 7.14 r 25 r 70 m 200 aily 6 d 12 2 500 n 100
Super-SB: General SB-1: 5-MTHF	Wellness 500 mcg 500 mg 250 mg 20 mg 50 mg 100 mg 100 mg twice daily 3 6 12 100 mg 20 mg 20 mg 20 mg 30 mg 30 mg 30 mg 30 mg 30 mg 30 mg	INSOM KF Mela Meth N-Ac Gluta Diphe 5-HTI SIG: Qty:	P-1: Insomn ntoninetylcysteine etylcysteine etyldysteine enydramine P Take 1 capsule tonce daily at be	ia 3 mg 5 mg 125 mg 50 mg 50 mg 20 mg 150 mg 150 mg wouth	DIET SUPPLEMENT ADP-6 Methylcobic Coenzyme 5-HTP Acidophilus Bupropion. Psyllium Hu SIG: Take 2 morni Qty: 30 cap	alamin 20 mg Q10 75 mg	BH-1: V BH-1: V A Z C G E B G S G S G S G S G S S G S S S S S S S	Bone I- Vitamin D3 Magnesium inc Glucor copper Glu doron detaine Ani dyridoxal-5 doswella Se ake 1 capsu 0 capsules Resveratro Calcium Glu Coenzyme 6-Methylte	hydrous	200 r 69.6 7.14 r 25 r 70 r 200 silly 6
Super-SB: General SB-1: 5-MTHF	Wellness 500 mcg 500 mg 250 mg 20 mg 50 mg 100 mg 100 mg twice daily 3 6 12 100 mg 20 mg 20 mg 20 mg 30 mg 30 mg 30 mg 30 mg 30 mg 30 mg	INSOM KF Mela Meth N-Ac Gluta Diphe 5-HTI SIG: Qty:	P-1: Insomn totonin hylcobalamin etylcysteine athione enydramine P Take 1 capsule to once daily at be 30 capsules	ia 3 mg 5 mg 125 mg 50 mg 50 mg 20 mg 150 mg 150 mg wouth	DIET SUPPLEMENT ADP-6 Methylcobic Coenzyme 5-HTP Acidophilus Bupropion. Psyllium Hu SIG: Take 2 morni Qty: 30 cap	alamin 20 mg Q10 75 mg	BH-1: V BH-1: V A Z C G E B G S G S G S G S G S S G S S S S S S S	Bone I- Vitamin D3 Aagnesium tinc Glucor Copper Glu Ioron	hydrous	200 r 69.6 7.14 r 25 r 70 r 200 silly 6
Super-SB: General SB-1: 5-MTHF	Wellness 500 mcg	INSOM Mela Meth N-Ac Gluta Diphe 5-HTi SIG: Qty: Refill:	P-1: Insomn totnin hylcobalamin etylcysteine athione enydramine P Take 1 capsule to once daily at be 30 capsules s: 0 3 0 6 0 12	ia	DIET SUPPLEMENT ADP-6 Methylcob: Coenzyme 5-HTP Acidophilus Bupropion. Psyllium Hu SIG: Take 1 morni Qty: 30 cap Refills: I 3 I	alamin 20 mg Q10 75 mg	BH-1: V BH-1: V C C E E E E E E E E E E E	Bone F itamin D3 Agnesium inc Glucor copper Glu toron tyridoxal-5 coswella Sca ake 1 capsu 0 capsules Resveratro calcium Gli coenzyme i-Methylte ake 1 capsu 0 capsules	n Oxide	200 r 69.6 7.14 r 25 r 70 r 200 silly 6
Super-SB: General SB-1: 5-MTHF	Wellness 500 mcg 250 mg 20 mg 50 mg 50 mg 100 mg	INSOM KP Mela Mett N-Acc Gluta Diphi 5-HTI SIG: Qty: Refill:	P-1: Insomn Intonin	ia 3 mg 5 mg 125 mg 50 mg 20 mg 150 mg 150 mg 150 mg 150 mg	DIET SUPPLEMENT ADP-6 Methylcob: Coenzyme 5-HTP Acidophilus Bupropion. Psyllium Hu SIG: Take 1 morni Qty: 30 cap Refills: I 3 I	alamin	BH-1: V BH-1: V C E E E E E E E E E E E E	Bone F itamin D3 Agnesium inc Glucor copper Glu toron tyridoxal-5 coswella Sc ake 1 capsu 0 capsules Resveratro calcium Gli Coenzyme i-Methylte ake 1 capsu 0 capsules	n Oxide	200 r 69.6 7.14 r 25 r 70 r 200 silly 6
Super-SB: General SB-1: 5-MTHF	Wellness 500 mcg 250 mg 20 mg 50 mg 50 mg 100 mg	INSOM KP Mela Mett N-Acc Gluta Diphi 5-HTI SIG: Qty: Refill:	P-1: Insomn Intonin	ia 3 mg 5 mg 125 mg 50 mg 20 mg 150 mg 150 mg 150 mg 150 mg	DIET SUPPLEMENT ADP-6 Methylcob: Coenzyme 5-HTP Acidophilus Bupropion. Psyllium Hu SIG: Take 1 morni Qty: 30 cap Refills: I 3 I	alamin	BH-1: V BH-1: V C C E E E E E E E E E E E	Bone F itamin D3 Agnesium inc Glucor copper Glu toron tyridoxal-5 coswella Sc ake 1 capsu 0 capsules Resveratro calcium Gli Coenzyme i-Methylte ake 1 capsu 0 capsules	n Oxide	200 r 69.6 7.14 r 25 r 70 r 200 silly 6

						Insurance info	
tient DEBRA DEPUGH			DOB		Carrier:		
me Phone	Cell Phor	ne			Bin#	PCN#	
dress					Group #	I	
у	5	State	Zip		Member ID #		
ergies			1				
					Workers Comp	Yes	No
g.					DOI	Claim #	
				J			

Lidocin

🖺 Lidocin

Strength: Lidocaine 3%

Apply 1-2 pumps to SIG:

> affected area 3-4 times daily.

240 gms Qty.: 12

Refills:

Rexaphenac Kit

☐ Rexaphenac Kit

Strength: Diclofenac...... 1%

SIG: Apply 1 pump to

affected area up to 4

times daily.

Qty.: 120 gms

Refills:

Voltaren

□ Voltaren Gel

Strength: Voltaren Gel 1%

Apply to affected SIG:

area 3-4 times daily.

Qty.: 100 gms

Other				
Prescriber Name:	CHRISTOPHER INCE MD	NPI #:		
Lic. #:	DEA#:	Phone #: 817 328 1010	Fax#:	
Address:				
Signature (Note: M	anual Signature Required for CS):		Date:8/31/15	

PATIENT		DOB		LAST	4 DIGITS OF SSN			Insuranc	e info	
DEBRA DeF	² UGH					C	Carrier:			
Home Phone		Cell P	hone	'		E	3in#		PCN#	
Address										
City			State	Zip		0	Group #			
Allergies						N	Member ID #			
Allergies)				_	
Diag.						'	Workers Comp)	Yes	No
							001		Claim	#
PAIN-TRANSDERMAL	Any ar	lded contr	olled substa	nces musi	t be handwritten.			PAIN-TOPICAL		
□ NCP-7B:	□ NCP-9:		☐ GPI-2:		☐ Reme-D			☑ Renovo		
Neuropathic &	Neuropath	ic &	Genera	l Pain /	Topiramate .		2 50/	Pain Patch		Topical
Chronic Pain	Chronic Pai		InÊamn		Celecoxib			Menthol	59	Cuman
Flurbiprofen20%	Baclofen	2%	Flurbiprofen	20				Capsaicin (Menthol 10
Baclofen29	, ,			orine	2% Lidocaine			SIG: Apply 1 patch to		Camphor 4
Cyclobenzaprine 2%	Gabapentin				2%			SIG: Apply 1 patch to affected area 1-2	times	Histamine 0.0259
Gabapentin 6% Lidocaine2.5%	Lidocaine Diclofenac		Add:		Duloxetine			daily as needed.	unies	
Add:	Add:	5%	SIG: Apply 1	L-2 pumps to	SIG: Apply 1			-		SIG: Apply 1-2 sprays,
SIG: Apply 1-2 pumps to	SIG: Apply 1-2 pu	mps to		d area 3-4		area 3-4		Qty: 1 30 count		3-4 times per day
affected area 3-4 times	affected area			laily; 1 pump :	daily; 1	pump = 1	1.5 gm	60 count		PRN pain
daily; 1 pump = 1.5 gm	daily; 1 pump	_	1.5 gm		Qty: 📵 300 g	m û _		ū	- 1	Qty: 240 gm
Qty: 1 300 gm 1	Qty: 🛅 300 gm 🐧 Refills: 🖽 🖫 🖟 🗖 1		Qty: 🗓 300 Refills: 📵 🗓		Refills: 030	5 □ 12 _		Refills: □ 3 □ 6 □ 12		Refills: □ 3 □ 6 ☑ 12
10111101 20 20 212	nems up a d		iterins. QD Q	0012						
DERMATOLOGICAL			SCAR					SPECIALTY		
☐ DERM-2:	DERM-7:		⊡ Derr	nacin Rx	🖺 Scar	transo	dermal)	☐ MGL-1A:		SCALP CARE -
Topical Anti	Plantar Faso	iitis	SilaF				1%	Migraine		3 Hair Solution
Fungal Cream	Diclofenac			r topical)			2%	Topiramate	5%	
Fluticasone1%	Baclofen				nide Pentoxify	line	0.5%	Baclofen		
Fluconazole2%	Fluticasone		Crear	n USP, 80 gm	nide 0.1 For pai	ntul scai	rs, add: 3%	Cyclobenzaprine		Minoxidil 5%
Pentoxifylline 0.5%	Lidocaine		Dermac	in Rx Skin Re	cone) 5% Gabapent	in	15%	Lidocaine		Tretinoin 0.01%
Lidocaine 2%	Verapamil		Silicone	Tape	D For ela:	sticity, a	add:	Flurbiprofen	10%	For women:
Hydroxyzine 2%	Hydrochloride	10%	SIG: Ap	ply to the affe	ected Hyaluroni	c Acid	0.2%	Apomorphine	0.2%	(No Finasteride)
SIG: Apply 1-2 pumps to	Add:			ea as a thin fili nes daily. May			0.05%	SIG: Apply 1-2 pum	ips to	SIG: Apply up to 2 mls to
affected area 3-4	SIG: Apply 1-2 pur	nps to	sili	cone tape on	the Estradiol		5% 0.1%	affected area	3-4 times	scalp 2 times a day
times daily; 1 pump = 1.5 gm	affected area	3-4 times		eam in absenc oken skin. Clea	e of SIG: Ann			daily; 1 pump	= 1.5 gm	Qty: 1 120 ml
Qty: 0 300 gm	daily; 1 pump	= 1.5 gm		ply new tape	every affe		3-4 times	Qty: 1 300 gm		0
0	Qty: 1 300 gm 1	ا ــــــــــــــــــــــــــــــــــــ		hours.	Qty: 10 3		o = 1.5 gm	â		
Refills: 0 3 0 6 0 12	Refills: 0 3 0 6 0 12	! /	Qty: 1 p Refills: C	Jack 3	Refills: 03			Refills: Q 3 Q 6 Q 12		Refills: 03 0 6 0 12
GENERAL WELLNESS			METABOLIC	SUPPLEN	IENTS			BONE HEA	LTH	
Super-SB: General	Wellness	INSON	ANIA	·	DIET			Æ BH: E	Bone H	ealth
SB-1: 5-MTHF	500 mcg	INSON	IIVIA	'	SUPPLEM	FNT				5,000 IU
Alpha Lipoic Acid		6 1.			JOI I LLIVI					Oxide 200 mg
Coenzyme Q10		шк	P-1: Insomr	าเล						ate 69.6 mg
Methylcobalamin EGCG			latonin		□ ADF	'- 6				1 m
Vitamin E			thylcobalamin				nin 20 mg			nydrous25 mg
Glutathione			cetylcysteine	-			75 mg	Руг	ridoxal-5-	Phosphate 70 mg
SIG: Take 1 capsule by mouth			tathione				100 m			rrata 200 mg
Qty: 60 capsules Refills: 3	6 12		henydramine	-			100 mg			le by mouth once daily
SB-2: Resveratrol Powder	100 mg	5-H	TP	150 mg			50 mg			Refills: 030 60 12 20 mg
Pyridoxal-5-Phosphate		SIG:	Take 1 capsule	by mouth			sule in the			
Beta Carotene			once daily at b	edtime		-	s directed			Q10 100 mg
SIG: Take 1 capsule by mouth	twice daily	Qty	: 30 capsules			capsule				rahydrofolate 500 mcg
Qty: 60 capsules Refills: 13 6 6 12		Refi	IIs: 🛮 3 🗷 6 🗓 12		Refills:	3 0 6 0	12	SIG: Tak Qtv: 30		le by mouth once daily Refills: 0 3 0 6 12
								Qty. 301	capsuics	Nemis. #30 0# 12
Other										
Prescriber Name: CHRISTOP	PHER INCE MD				NPI #: _1	780709493	3			
Lic. #:	DEA#:				Phone #: 817 328	1010		Fax#:		
Address: 1001 12TH AVE SUITE 13	70 FORT WORTH, TEXAS	76104								

Date: 8/31/15

Signature (Note: Manual Signature Required for CS):

					Insurance info		
Patient NICK LEONARD			DOB	Carrier:			
Home Phone	Cell Pho	one		Bin#	PCN#		
Address				Group #	1		
City		State	Zip	Member ID #			
Allergies							
				Workers Comp	Yes	No	
Diag.				DOI	Claim #		

Lidocin

△ Lidocin

Strength: Lidocaine 3%

SIG: Apply 1-2 pumps to

affected area 3-4 times daily.

Qty.: 240 gms
Refills: 12

Rexaphenac Kit

☐ Rexaphenac Kit

Strength: Diclofenac...... 1%

SIG: Apply 1 pump to

affected area up to 4

times daily.

Qty.: 120 gms

Refills:

Voltaren

□ Voltaren Gel

Strength: Voltaren Gel 1%

SIG: Apply to affected

area 3-4 times daily.

Qty.: 100 gms

Refills:

Other ______CHRISTOPHER INCE _____ NPI#: _____

Address:

DEA#: ______ Phone #: _____ Phone #: _____ Fax#: _____ Fax#: ______ Fax#: ______ Phone #: _____ Phone #: _____ Phone #: _____ Fax#: _____ Phone #: _____ Phone #: _____ Phone #: _____ Fax#: _____ Phone #: _____ Phone Ph

Signature (Note: Manual Signature Required for CS): ________ Date: 8/31/15

817 328 1010

DATIFALT		200		LACTAR	ICITE OF COL				
PATIENT	MDD.	DOB		LASI 4 D	IGITS OF SSN		Insuranc	ce info	
NICK LEON	ARD					Carrier:			
Home Phone		Cell P	hone			Bin#		PCN#	
Address						Group #			
City			State	Zip		0.0up			
Allergies						Member ID #	‡		
						Workers Con	np	Yes	No
Diag.						DO1		Claire II	
						DOI		Claim #	
PAIN-TRANSDERMAL	Any ad	ded contr	olled substa	nces must be	handwritten.		PAIN-TOPICAL		
NCP-7B: Neuropathic & Chronic Pain	NCP-9: Neuropathi Chronic Pai		GPI-2: Genera InÊamr	l Pain / nation	Reme-D Topiramate Celecoxib		Renovo Pain Patch Menthol		Camphomex Topical Spray
Flurbiprofen20%	Baclofen			20%	Gabapentin		Capsaicin		Menthol
Baclofen	Cyclobenzaprine Gabapentin			orine 2% 2	Lidocaine	2%	SIG: Apply 1 patch to		Camphor
Gabapentin 6 <mark>%</mark> Lidocaine2.5%	Lidocaine Diclofenac		۸۵۵۰		Duloxetine		affected area 1- daily as needed.		Histamine 0.0
Add:	Add:		SIG: Apply		SIG: Apply 1-2	pumps to rea 3-4 times	Qty: 1 30 count		SIG: Apply 1-2 sprays, 3-4 times per day
SIG: Apply 1-2 pumps to affected area 3-4 times	SIG: Apply 1-2 pur affected area			d area 3-4 faily; 1 pump =		mp = 1.5 gm	a 60 count		PRN pain
daily; 1 pump = 1.5 gm	daily; 1 pump	= 1.5 gm	1.5 gm		Qty: 1 300 gm		ů	_	Qty: 240 gm
Qty: 1 300 gm 1 Refills: 3 6 9 12	Qty: 📵 300 gm 🐧 Refills: 👊 🖫 6 📵 12		Qty: 1 300 Refills: 13 1		Refills: □3 □ 6 □	112	Refills: □ 3 □ 6 ☑ 12		Refills: Q 3 Q 6 Q 12
ERMATOLOGICAL			SCAR				SPECIALTY		
Denna.	□ prove z		fdp	ara da Da	£1 6 (to		FINGL 4A.		fican peaps
DERM-2: Topical Anti	DERM-7:	iitis	Derr کا Silaf	nacin Rx Pak		ransdermal)	☐ MGL-1A: Migraine		SCALP CARE - 3 Hair Solution
Fungal Cream	Diclofenac		1	r topical)	Levocetirizir	ne2%	Topiramate	5%	Fluticasone 0.2%
Fluticasone1%	Baclofen			nolone Acetonide	0.1 For painfo	ne 0.5% ul scars. add:	Baclofen	2%	Finasteride 0.2%
Fluconazole	Fluticasone						Cyclobenzaprine .		Minoxidil 5%
Pentoxifylline 0.5% Lidocaine 2%	Lidocaine Verapamil	2%	Com _l Silicone	olex (Dimethicone	e) 5% Gabapentin	15%	Lidocaine Flurbiprofen		Tretinoin 0.01% G For women:
Hydroxyzine2%	Hydrochloride .	10%	SIG: Ap	ply to the affected	Hyaluronic A	Acid 0.2%	Apomorphine		(No Finasteride)
SIG: Apply 1-2 pumps to affected area 3-4	Add:		tin	ea as a thin film 2-3 nes daily. May use		0.05% 5%	SIG: Apply 1-2 pun		SIG: Apply up to 2 mls
times daily; 1 pump =	SIG: Apply 1-2 pun affected area	-		cone tape on the eam in absence of	Estradiol SIG: Apply 1	0.1%	affected area daily; 1 pump		scalp 2 times a day
1.5 gm Qty: 1 300 gm	daily; 1 pump			oken skin. Clean an ply new tape every	affecte	d area 3-4 times	Qty: 1 300 gm		Qty: 11 120 ml
0	Qty: 1 300 gm			hours.	daily; 1	gm fi	â		
Refills: 0 3 0 6 0 12	Refills: 0 3 0 6 0 12			3 0 6 0 12	Refills: 🗓 3 🗓		Refills: 0 3 0 6 012	!	Refills: Q 3 Q 6 Q 12 _
ENERAL WELLNESS	-		METABOLIC	SUPPLEMEN	TS		BONE HEA	ALTH	
D Super-SB: General	l Wellness	INCOM	4011.6		DUET		Д ВН: I	Bone He	alth
SB-1: 5-MTHF	_	INSON	INIA		DIET SUPPLEMEN	NT			5,00 0xide 200 m
Alpha Lipoic Acid Coenzyme Q10		□к	P-1: Insomi	nia			Zir	nc Gluconat	e 69.6 r
Methylcobalamin	20 mg	Me	latonin	3 mg	☐ ADP-0	6			nate 7.14 n
EGCG Vitamin E			thylcobalamin			balamin 20 mg	Be Be	etaine Anhyo	drous 25 r
Glutathione	100 mg		cetylcysteine tathione	_		e Q10 75 m 100	,		hosphate 70 m ata 200
SIG: Take 1 capsule by mouth Qty: 60 capsules Refills: 3			henydramine	_	Acidophil	us 100 m	ng SIG: Tal	ke 1 capsule	by mouth once daily
SB-2: Resveratrol Powder		5-H	TP	150 mg		n 50 r Husk 100 m		capsules	Refills: 030 60 12
Pyridoxal-5-Phosphate	e 25 mg	SIG:	: Take 1 capsule	by mouth		Husk 100 m a 1 capsule in the			2 onate 500 n
Beta Carotene SIG: Take 1 capsule by mouth			once daily at b	edtime	mor	ning as directed	Co	oenzyme Q1	.0 100 r hydrofolate 500 mcg
Qty: 60 capsules			: 30 capsules		Qty: 30 c	•			by mouth once daily
Refills: 0 3 0 6 0 12		Refi	ills: 🛮 3 🗷 6 🗓 12		Refills: 0	3 0 6 0 12	Qty: 30	capsules	Refills: Q 3 Q 6 Q 12
Other									
rescriber Name: CHRISTOR	PHER INCE MD				NPI #:				
ic. #:	DEA#:			·	none #: <u>817 328 10</u>	10	Fax#:		
ddress:									
gnature (Note: Manual Si	gnature Required	for CS):					Date: 8/31/1	5	

						Insurance info	
Patient ANDREA WALTON					Carrier:		
Home Phone	Cell Pho	one			Bin#	PCN#	
Address					Group #		
City		State	Zip		Member ID #		
Allergies							
) [Workers Comp	Yes	No
Diag.					DOI	Claim #	

Lidocin

△ Lidocin

Strength: Lidocaine 3%

SIG: Apply 1-2 pumps to

affected area 3-4 times daily.

Qty.: 240 gms 12

Rexaphenac Kit

☐ Rexaphenac Kit

Strength: Diclofenac...... 1%

SIG: Apply 1 pump to

affected area up to 4

times daily.

Qty.: 120 gms

Refills:

Voltaren

□ Voltaren Gel

Strength: Voltaren Gel 1%

SIG: Apply to affected

area 3-4 times daily.

Qty.: 100 gms

Other	
CHRISTOPHER INCE Prescriber Name:	NPI #:
Lic. #: DEA#:	Phone #: Fax#:
Address:	
Signature (Note: Manual Signature Required for CS):	Date: 8/31/15

	A 1 T A 1 1					mouran	ice info	
NDREA W	ALION				Carrier:			
ome Phone		Cell Phone			Bin#		PCN#	
ddress					Consum II			
ty		State	Zip		Group #			
lergies					Member ID #			
					Workers Com	ın	Yes	No
ag.								
					DOI		Claim #	ŧ
AIN-TRANSDERMAL	Any adde	d controlled sub	stances must h	e handwritten.		PAIN-TOPICAL		
☐ NCP-7B:	☐ NCP-9:	Ĝ GPI-		Reme-D		Renovo		
Neuropathic &	Neuropathic 8	k Gen	eral Pain /	Topiramate	2.5%	Pain Patch		Topical
Chronic Pain	Chronic Pain		mmation	Celecoxib		Menthol	5 <mark>%</mark>	Spray
Flurbiprofen20% Baclofen29	Baclofen 6 Cyclobenzaprine		ofen20%	Gabapentin	5%	Capsaicin	0.0375%	Menthol
Cyclobenzaprine 2%	Gabapentin	-,-	nzaprine 2% n		2 <mark>%</mark>	SIG: Apply 1 patch t	0	Camphor
Gabapentin 6%	Lidocaine	2%	1	Duloxetine	1.2%	affected area 1	-2 times	Histamine 0
Lidocaine2.5%	Diclofenac	3%	oply 1-2 pumps to	SIG: Apply 1-2 p	umps to	daily as needed	1.	SIG: Apply 1-2 sprays,
Add: SIG: Apply 1-2 pumps to	Add: SIG: Apply 1-2 pumps		fected area 3-4	affected are	ea 3-4 times	Qty: 🛍 30 count		3-4 times per day
affected area 3-4 times	affected area 3-4	times tir	mes daily; 1 pump =	daily; 1 pur	np = 1.5 gm	2 60 count		PRN pain
daily; 1 pump = 1.5 gm	daily; 1 pump = 1		5 gm	Qty: 1 300 gm	ů	ů	_	Qty: 240 gm
Qty: 1 300 gm 1	Qty: 🗖 300 gm 🐧 Refills: 📆 🗖 6 🗖 12		300 gm 11	Refills: 🛮 3 🖺 6 🗓	12	Refills: □ 3 □ 6 □ 12		Refills: □ 3 □ 6 ☑ 12
Refills: W3W6W12	Refills: UB U 6 U 12	Refills: [1 13 1 6 1 12					Reillis. 030 02 12
RMATOLOGICAL		SCA	R			SPECIALTY		
□ DERM-2:	DERM-7:		ermacin Rx		ansdermal)	☐ MGL-1A:		SCALP CARE -
Topical Anti	Plantar Fasciiti		ilaPak		1% e2%	Migraine		3 Hair Solution
Fungal Cream	Diclofenac	-:	scar topical) mcinolone Acetonid	Pentoxifylline	e 0.5%	Topiramate		
Fluticasone	Baclofen	2/0	Cream USP, 80 gm	0.150 For paintu	l scars, add:	Baclofen		Finasteride 0.2% Minoxidil 5%
Fluconazole	Fluticasone	1% Der	macin Rx Skin Repai	r Prilocaine ne) 5% Gabapentin	3%	Cyclobenzaprine Lidocaine		
Lidocaine 2%	Lidocaine Verapamil	Silic	Complex (Dimethicor cone Tape	ne) 5% Gabapentin D For elastic	ity. add:	Flurbiprofen		• For women:
Hydroxyzine 2%	Hydrochloride	0.0	Apply to the affecte		cid 0.2%	Apomorphine		(No Finasteride)
SIG: Apply 1-2 pumps to	Add:	2070	area as a thin film 2 times daily. May use		0.05%	SIG: Apply 1-2 pu	mps to	SIG: Apply up to 2 mls
affected area 3-4	SIG: Apply 1-2 pumps t	to	silicone tape on the	vitaiiiii C	5% 0.1%	affected area		scalp 2 times a da
times daily; 1 pump = 1.5 gm	affected area 3-4		cream in absence of	f SIG: Apply 1		daily; 1 pum	ρ = 1.5 gm	Otv: 1 120 ml
Qty: 300 gm	daily; 1 pump = 1.	5 gm	broken skin. Clean a apply new tape eve	ery affected	d area 3-4 times	Qty: 1 300 gm		Qty. 1 1201111
0	Qty: 1 300 gm 1		24 hours.		pump = 1.5 gm gm fi	â		
Refills: 0 3 0 6 0 12	Refills: 0 3 0 6 0 12 _		: 1 pack ills: 0 3 0 6 0 12		6 🛮 12	Refills: 0 3 0 6 01	2	Refills: 03 0 6 0 12
ENERAL WELLNESS		МЕТАВО	DLIC SUPPLEMEI	NTS		BONE HE	ALTH	
D Super-SB: General	Wellness					Д вн:	Bone He	ealth
SB-1: 5-MTHF	500 mcg	INSOMNIA		DIET SUPPLEMEN	т 📗			5,0
Alpha Lipoic Acid		C VD 4. Inc.		SOL LEEWEL				Oxide 200 i
Coenzyme Q10 Methylcobalamin		☐ KP-1: Insc	mnia	□ ADP-6				ate 69.6 onate 7.14 :
EGCG	-		3 mg	_		В		
Vitamin E		Methylcobalam	_	· ·	palamin 20 mg			ydrous25
Glutathione		N-Acetylcystein	-		75 mg			Phosphate
SIG: Take 1 capsule by mouth		Glutathione Diphenydramin	_		100 r			rrata 200 e by mouth once daily
Qty: 60 capsules Refills: 3	6 12		ne 20 mg 150 mg		ı 50 m		ake 1 capsule O capsules	e by mouth once daily Refills: 0 3 0 6 0 12 _
SB-2: Resveratrol Powder			-		usk100 mg			
Pyridoxal-5-Phosphate	-	SIG: Take 1 cap		SIG: Take	1 capsule in the			conate 500 r
Beta Carotene SIG: Take 1 capsule by mouth		•	at bedtime		ning as directed			100
Qty: 60 capsules		Qty: 30 capsul		Qty: 30 ca				rahydrofolate 500 mc e by mouth once daily
Refills: 0 30 60 12		Refills: 0 3 0 6 0	112	Refills: 0 3	0 6 ⁰ 12		0 capsules	Refills: Q 3 Q 6 Q 12
Other								
rescriber Name: CHRISTOP	HER INCE MD			NPI #:				
c. #:	DEA#:			Phone #: 817 328 101	0	Fax#:_		
ddress:								

		Insurance info					
Patient JORDAN WALTON			DOB	Carrier:			
Home Phone	Cell Ph	one		Bin#	PCN#		
Address				Group #			
City State			Zip	Member ID #			
Allergies							
				Workers Comp	Yes	No	
Diag.				DOI	Claim #		

Lidocin

△ Lidocin

Strength: Lidocaine 3%

SIG: Apply 1-2 pumps to

affected area 3-4 times daily.

Qty.: 240 gms 12

Rexaphenac Kit

☐ Rexaphenac Kit

Strength: Diclofenac...... 1%

SIG: Apply 1 pump to

affected area up to 4

times daily.

Qty.: 120 gms

Refills:

Voltaren

□ Voltaren Gel

Strength: Voltaren Gel 1%

SIG: Apply to affected

area 3-4 times daily.

Qty.: 100 gms

Other				
Prescriber Name:	CHRISTOPHER INCE	NPI #:		
Lic. #:	DEA#:	Phone #: 817 328 1010	Fax#:	
Address:				
Signature (Note: M	anual Signature Required for CS):		Date: 8/31/15	

Case 4:18-cr-00368 Document 533-183 Filed on 07/22/23 in TXSD Page 13 of 16

Digg. Digg.	
Allergies	
Member D a Member D a Morkers Comp Member D a Morkers Comp D Claim a D Claim a	
AIN-TRANSDERMAL	
ARN_TRANSDERMAL Any added controlled substances must be handwritten. PANN-TOPICAL	
NCP-78: NCP-9: Claim a PAIN-TOPICAL	No
NCP-78: Neuropathic & Chronic Pain NCP-9: Neuropathic & Chronic Pain Sacolofen 20% Neuropathic & Chronic Pain Neuropathic & Neuropathic & Chronic Pain Neuropathic Pain Neuropa	
NCP-78: Neuropathic & Chronic Pain Secretaria Sec	
Neuropathic & Chronic Pain Chronic Pain Sacdren 286 Chronic Pain 286 C	
Chronic Pain	
Baclofen	ı
Backefen 2% Cyclobenzaprine 2% Gybopheraprine 2% Gy	
Cabapentin	
Lidocaine 2.5% Add: 36% Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm Add: 36% Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm Apply 1-2 pumps to affected area 3-4 times daily; 2 pumps to affected area 3-4 times daily; 3 pump = 1.5 gm Apply 1-2 pumps to affected area 3-4 times daily; 3 pump = 1.5 gm Apply 1-2 pumps to affected area 3-4 times daily; 3 pump = 1.5 gm Apply 1-2 pumps to affected area 3-4 times daily; 4 pump = 1.5 gm Apply 1-2 pumps to affected area 3-4 times daily; 4 pump = 1.5 gm Apply 1-2 pumps to affected area 3-4 times daily; 5 pumps to affected area 3-4 times daily; 5 pumps to affected area 3-4	
Add: Sic: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm Qty. ① 300 gm ① Reflist: OB 0 e 0 12 R	
Sign Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm Qhy 1.0 gm Qhy	nes per day
### affected area 3-4 times daily; 1 pump = 1.5 gm Qry: 0 300 gm 0	
Qiy:	
Refills: @B @ 6 @ 12	m
DERM-2: Topical Anti Fungal Cream Topical Anti Fungal Cream Topical Anti Fungal Cream Topical Anti Fulticasone 1% Baclofen 2% Baclofen 2% Pluticasone 1% Eluticasone 1%	6 🛭 12
Plantar Fasciitis	
Evaluation 1% Evaluation 1% Evaluation 2% Fluticason 2% Fluticason 1% Evaluation 2% Fluticason	P CARE -
Flutcasone 13/6 Flut	r Solutio
Flucticasone	
Pentoxifylline 0.5% Lidocaine 27% Lidocaine 27% Lidocaine 27% Lidocaine 27% Complex (Dimerlicince) 5% Gabspentin 15% G	
Lidocaine	
Hydroxyline	
SiG: Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm Oliv: Olive Oli	
affected area 3-4 times daily; 1 pump = 1.5 gm daily; 1 pump = 1.5 g	ly up to 2 mls
affected area 3-4 times daily; 1 pump = 1.5 gm daily; 1 pump = 1.5 g	p 2 times a da
apply new tape every 24 hours. Qty: 1 pack Refills: 0 3 0 6 0 12	.20 ml
Refills: \$\mathbb{Q}\$ 30 6 \$\mathbb{Q}\$ 12 \$\mathbb{Q}\$ Refills: \$\mathbb{Q}\$ 31 6 \$\mathbb{Q}\$ 12 \$\mathbb{Q}\$ Refills: \$\mathbb{Q}\$ 30 6 \$\mathbb{Q}\$ 12 \$\mathbb{Refills: }\mathbb{Q}\$ 30 6 \$\mathbb{Refill: }\mathbb{Q}\$ 30 6 \$\mathbb{Refill: }\mathbb{Q}\$ 30 6 \$\mathbb{Refill: }\mathbb{Q}\$ 30 6 \$\math	
NERAL WELLNESS Super-SB: General Wellness SB-1: 5-MTHF	3 🛮 6 🖥 12 _
Super-SB: General Wellness SB-1: 5-MTHF. 500 mcg Alpha Lipoic Acid. 250 mg Coenzyme Q10 100 mg Methylcobalamin	
SB-1: 5-MTHF	
Alpha Lipoic Acid	
Coenzyme Q10	
Methylcobalamin	
Methylcobalamin	
Vitamine	
SIG: Take 1 capsule by mouth twice daily Qty: 60 capsules Refills: 3 6 12	
Oty: 60 capsules Refills: 3 6 12 SB-2: Resveratrol Powder100 mg Pyridoxal-5-Phosphate 25 mg Beta Carotene	
SB-2: Resveratrol Powder	
Pyridoxal-5-Phosphate 25 mg Beta Carotene	
SIG: Take 1 capsule by mouth twice daily Oty: 30 capsules Oty: 30 capsules Oty: 60 capsules Oty: 60 capsules Oty: 60 capsules Oty: 60 capsules SIG: Take 1 capsule by mouth once	500 r
Qty: 60 capsules Qty: 30 capsules SIG: Take 1 capsule by mouth once	
Position II of the position II o	
Refills: U 3 U 6 U 12 Qty: 30 capsules Refills: U 3	3 6 12 _
Other	
escriber Name: CHRISTOPHERINCE MD NPI #:NPI #:	
c. #: DEA#: Phone #: ^{817 328 1010} Fax#:	
Idress:	

					Insurance info		
Patient ROBERT WALTON			DOB	Carrier:			
Home Phone	Cell Ph	one		Bin#	PCN#		
Address	,			Group #	I		
City		State	Zip	Member ID #			
Allergies				Workers Comp	Yes	No	
Diag.				DOI	Claim #		

Ц	М	0	ci	n
		Ĭ		•

△ Lidocin

Strength: Lidocaine 3%

SIG: Apply 1-2 pumps to

affected area 3-4 times daily.

Qty.: 240 gms 12 **Refills:**

Rexaphenac Kit

☐ Rexaphenac Kit

Strength: Diclofenac...... 1%

SIG: Apply 1 pump to

affected area up to 4

times daily.

Qty.: 120 gms

Refills:

Voltaren

	ltaren	Gel
\square vo	ıtaren	Gei

Strength: Voltaren Gel 1%

SIG: Apply to affected

area 3-4 times daily.

Qty.: 100 gms

Other				
Prescriber Name:	CHRISTOPHER INCE	NPI #:		
Lic. #:	DEA#:	Phone #: 817 328 1010	Fax#:	
Address:				
Signature (Note: M	anual Signature Required for CS):		Date:8/31/15	

PATIENT		DOB		LAST 4 D	IGITS OF SSN	(Incura	nce info			
ROBERT W	ALTON					+	Carrier:		iiisuidi	1110			
Home Phone		Cell P	hone				Bin#			PCN#			
Address							BIN#			PCN#			
City			State	Zip			Group #						
Allergies				r			Member ID #						
Allergies							Manhara Cara			V		1 N. F	
Diag.							Workers Com	р		Yes		No	
							DOI			Claim	#		
PAIN-TRANSDERMAL	Any ad	ded contr	olled substan	ces must be	handwritten.	`		PAIN-TO	PICAL				
☐ NCP-7B:	□ NCP-9:		☐ GPI-2:		☐ Reme-D			⊡ Re	novo		🖆 Can	nhome	e v
Neuropathic &	Neuropathi	c &	General		Topiramate		2.5%		in Patch		Topi		- 1
Chronic Pain	Chronic Pair		InÊamm	ation	Celecoxib			Ment	hol	5	<mark>«</mark> Spra	ay	
Flurbiprofen20%	Baclofen				Gabapentin			Capsa	icin	. 0.0375%	Mentho	ol	10
Baclofen	Cyclobenzaprine . Gabapentin			ine 2%	Lidocaine		2%	SIG:	Apply 1 patch	to	Campho	or	4
Cyclobenzaprine 2% Gabapentin 69			Ducioien	2	M Duloxetine				affected area 1				0.0259
Lidocaine2.5%	Diclofenac		Add:		SIG: Apply 1-2				daily as neede			pply 1-2 sp	
Add:	Add:		SIG: Apply 1-		affected a				1 30 count			4 times pe	
SIG: Apply 1-2 pumps to	SIG: Apply 1-2 pur		affected						60 count				i uay
affected area 3-4 times	affected area		times da 1.5 gm	ily; 1 pump =	daily; 1 p		ŭ .		i oo count			RN pain	
daily; 1 pump = 1.5 gm Qty: 1 300 gm 1	daily; 1 pump Qty: 📵 300 gm 🐧	-	1.5 gm Qty: 1 300 g	m fi	Qty: 1 300 gm	n 🗓			_		Qty: 24	40 gm	
Refills: 13 16 12	Refills: 03 0 6 0 12		Refills: 🖽 🗓 6		Refills: 🛮 3 🖫 6 l	1 2		Refills	: 🛮 3 🗓 6 💆 12		Refills:	030601	.2
DERMATOLOGICAL			SCAR					SPEC	CIALTY				
☐ DERM-2:	DERM-7:		⊡ Derm	acin Rx	🖺 Scar (t	tran	sdermal)	ĒΝ	/IGL-1A:		Ūsc	ALP CA	RE -
Topical Anti	Plantar Fasc	iitis	SilaPa		Fluticasone	2	1%		/ligraine			lair Sol	
Fungal Cream				topical)			2%		iramate	E0		asone 0.2	
•	Diclofenac			lone Acetonide	Pentoxifylli	ine	0.5%		lofen			eride 0.	
Fluticasone	Baclofen		Cream	USP, 80 gm	0.1 D For paint	ful s	cars, add:		lobenzaprine			xidil 5%	2/0
Pentoxifylline 0.5%	Fluticasone		Dermacin	Rx Skin Repair	Prilocaine . Gabapentir 5%	n	3%		caine			ioin 0.01	1%
Lidocaine 2%	Lidocaine Verapamil	2%	Silicone T	ex (Dimethicone) 5% Gabapentii For elast	ticity	, add:		biprofen		,	women:	.,0
Hydroxyzine2%		100/		ly to the affected			1 0.2%		morphine		- TOI	Finasteri	de)
SIG: Apply 1-2 pumps to	Hydrochloride .	10%	area	as a thin film 2-3			0.05%		Apply 1-2 pu		,	Apply up to	
affected area 3-4	Add:			s daily. May use	Vitamin C		5%	310.	affected are	-			
times daily; 1 pump =	SIG: Apply 1-2 pum	-		one tape on the m in absence of			0.1%		daily; 1 pum			scalp 2 tim	ies a day
1.5 gm	affected area		brol	en skin. Clean ar			pumps to rea 3-4 times	0		p = 1.5 gm	Qty:	1 20 ml	
Qty: 300 gm	daily; 1 pump	-		y new tape every ours.			mp = 1.5 gm	Qty	: 🐧 300 gm			0	
0	Qty: 1 300 gm 1		Qty : 1 pa		Qty: 1 300	0 gm	ů				Refills	: 03 0 6 0	12
Refills: 0 3 0 6 0 12	Refills: 0 3 0 6 0 12		Refills: 🛚 3	B □ 6 □ 12	Refills: 03 (0 6 0	112	Refi	ills: 🛮 3 🛈 6 🛈 1	12		_	
GENERAL WELLNESS			METABOLIC S	SUPPLEMEN	TS				BONE HE	ALTH			
D Super-SB: Genera	Wellness	INSON	ANIIA		DIET				:ДВН:	Bone F	lealth		
SB-1: 5-MTHF		INSUN	VINIA		SUPPLEME	NT							
Alpha Lipoic Acid		<u>~</u> .,									n Oxide		
Coenzyme Q10		шк	(P-1: Insomni	a		_					nate conate		
Methylcobalamin EGCG	_	Me	latonin	3 mg	□ ADP-	-6							
Vitamin E		Me	thylcobalamin	5 mg			amin 20 mg				hydrous		
Glutathione		N-A	cetylcysteine:	L25 mg			10 75 mg		F	yridoxal-5	-Phosphate.		70 mg
SIG: Take 1 capsule by moutl		Glu	tathione	50 mg			100 n				errata		
Qty: 60 capsules Refills:			henydramine	-			100 mg	,			le by mouth		
SB-2: Resveratrol Powder		5-H	TP	150 mg			50 m	-		0 capsules		ls: 0 3 0 6 0	
Pyridoxal-5-Phosphat		sic-	: Take 1 capsule b	v mouth			k 100 mg				l		
Beta Carotene		5.0.	once daily at be				apsule in the				uconate Q10		
SIG: Take 1 capsule by mouth		04.	: 30 capsules				g as directed				trahydrofola		
Qty: 60 capsules			-		Qty: 30						le by mouth		
Refills: 0 3 6 6 12		Refi	ills: 🛮 3 🗷 6 🗓 12		Refills:	3□ (6 ⁰ 12			0 capsules		ls: 🛮 3 🗷 6 🗓	12
Other													_ [
Prescriber Name: CHRISTO	PHER INCE MD				NPI #:								
Lic. #:	DEA#:				Phone #: 817 328 10	010			Fax#:_				
Address:													
Signature (Note: Manual Si	gnature Required	or CS):							Date:				

Omni-One-Med Pharmacy Services, LLC

Pharmacy Fax: (832) 554-5009

Prescription Refill Request

(This fax contains sensitive patient information. If you are not the intended party, please destroy this fax)

Date printed / faxed 8/28/2015

	Date printed / laxed 6/26/2015	
Fax FROM:	CHRISTOPHER INCE 1001 12TH AVE #170 FORT WORTH, TX 76104 (817)328-1010 (000)000-0000 (817)472-2188 Omni-One-Med Pharmacy Services, LLC 17310 W Grand Pkway S, Ste E Sugar Land, TX 7 (888) 350-4393 (832) 554-5009	
Quantity Drug Date written Last refill	Age 30 303907 y 300 SCAR GEL NON-PAIN GEL	
Additional note		
May Refill: PRN	Ise: Fax back to the pharmacy at (832) 554-5009 I, or Time(s) as Consistent with State Law or Until/ If by Date/_/ If Questions:	